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Vice and Drugs in Montreal

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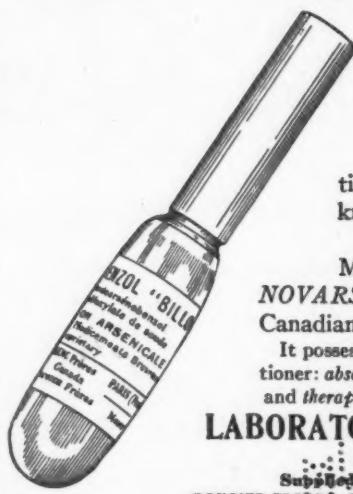
Dr. A. K. HAYWOOD

Full text of Address given
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The Public Health Journal

Vol. XIV.

TORONTO, JANUARY, 1923

No. 1

Vice and Drugs in Montreal

BY DR. A. K. HAYWOOD,
Superintendent, Montreal General Hospital.

Address delivered before the Montreal Canadian Club, January 8th, 1923.

MR. PRESIDENT, and members of the Canadian Club—I must first apologize for having written out beforehand what I have to say to you to-day. This has been done deliberately, for I intend to make certain statements and some accusations that will undoubtedly be challenged, and I hope may form the basis of a public scandal, and failing that a sincere awakening of public opinion in this city, and also because I am inclined to be impetuous, and in the heat of my earnestness to-day I must avoid being carried away at a tangent and making the slightest exaggeration of facts that are almost unbelievable in this so-called civilized country and this community in particular. Business conditions during the last two years have caused the members of this Club grave concern. It has been the topic of several speakers that have appeared before you, but there are two lines of business that have not suffered—the drug traffic and commercialized vice.

Approximately ten times out of ten in cases where municipal officials are accused of laxity, negligence, or graft, in connection with the drug menace or commercialized vice, they throw out as a smoke screen an appeal to civic pride. This consists first of a denial that the vice exists, and second of a plea that the group making the accusations are "smirching" the fair name of our city. Even after an under-cover investigation demonstrates the activity of the exploiters many complacent citizens who do not come into direct contact with the vicious conditions, take sides with the officials, and agree that the skeleton, if there be one, might best be left in the cupboard.

SPS

For the past thirty years there has been a steady increase in the number of those addicted to dangerous drugs. This increase has been so rapid of late years that it is causing grave concern to all who have studied it, or who have come into contact with its inevitable results—crime. Reliable statistics have not been prepared as yet as to the numbers of addicts in Canada, but in those places where statistics are being gathered the results are most pessimistic. The seriousness of the situation in Montreal was brought home most forcibly during the past year to the management of the Montreal General Hospital, for during that period 128 cases of narcotic poisoning were admitted to the emergency department, and of these 14 died, in spite of the efficient and at times drastic treatment meted out to these patients. Mark you, these 128 cases were all brought in unconscious, due to an overdose, and give no estimate of the numbers of addicts taking drugs, although court house officials estimate that for the past year 1922, approximately 1,000 cases of violation of the Narcotic Drug Laws will be dealt with. In 1921 there were 552 cases in Montreal. In Vancouver for 1921 there were 858 convictions as against 293 for 1918. In 1921 the Federal Government prosecuted 23 doctors, 11 druggists, 4 veterinary surgeons, 165 illicit dealers, 634 Chinamen—a total of 835. These do not include provincial or municipal convictions. Dr. Amyot, Deputy Minister of Public Health at Ottawa, recently stated that Canada has between 12,000 and 15,000 drug addicts. Judge Emily Murphy, in her book, "The Black Candle," estimates that in Canada and the United States there are 2,000,000 addicts.

It might be interesting to you if at this time I enumerate and briefly describe those drugs which cause addiction: 1. *Opium* is the dried exudate obtained by incising the capsules of a poppy grown chiefly in the East, and Far East. It contains 9 per cent morphine and 3 per cent codein. Opium is smoked and its effect is to produce forgetfulness and a period of tranquility. It excites the senses, and through its medium the seduction of women becomes easy. The sleep produced by smoking opium is a long one, but the awakening is most unpleasant, being accompanied by a head that knows how to ache, no appetite, and a tongue that is properly furred. Opium smokers are seldom violent. They are clannish, and at their orgies prefer company. 2. *Morphine* is an alkaloid of opium, and is used by means of hypodermic syringe. The widespread belief that morphine brings about an uncanny mental condition, accompanied by fantastic ideas, dreams and what not, is wrong. It does allay pain, and produces a feeling of well being.

Under its influence ideas seem to flow freely. The very action of morphine works toward the establishment of a habit, and is the most difficult of all narcotic habits to break. An hypodermic injection of any kind should only be given with strict surgical cleanliness and yet, one finds among morphine habitues a lack of this knowledge, and this promiscuous use of the hypodermic needle is attended with serious results from an infected solution or a dirty needle. It is not uncommon for them to insert the needle into their arms without even rolling up their sleeves. This almost always results in the formation of abscesses. I call to mind one girl of 22 that was brought into the hospital this summer from a Toronto train. She had evidently taken an overdose for she was unconscious, and when the nurse had prepared her for bed, her body was found to be covered with recent abscesses, and the scars of many old ones. Hers was a sorry tale—bad associates—taught to use morphine, and in order to procure the drug she became a prostitute, and had gone to Toronto at the Exhibition time to ply her trade. Her capital when she was brought into the hospital consisted of a small bag in which was a few cents, a hypodermic syringe and several cigarette butts. She admitted to me that colour and race were not discriminated against in her clientelle. The extremes to which addicts to morphine will go in administering the drug to themselves are almost unbelievable. Several cases have come under my observation where, lacking a hypodermic syringe, a small incision was made in the skin, and the drug solution injected therein with an ordinary medicine dropper. 3. *Heroin* is obtained by treating morphine with acetic acid. It is three times as strong as morphine, and its addicts are possessed of a much greater desire to pass the habit on to others. 4. *Cocaine* is obtained from the leaves of the South American cocoa plant. It is used by itself, and as an adjunct to morphine. Unlike morphine it is sniffed up the nose in the form of a white powder, and for that reason is much more handy for its users. The addicts of cocaine are called snow birds, while the drug itself goes under the name of coke, happy dust, snow. It is peddled in small paper packages which are called decks. These may contain from one to many grains. Its action on the human organisms is quite different to that of opium, and its derivatives, that of cocaine being mental, while that of opium is physical.

While it is safe to say that the majority of the users of narcotic drugs inhabit the underworld, one cannot lose sight of the fact that it has found its way into every class of society.

Very often this habit is begun through curiosity on the recommendation of some friend who is an habitue, or it may be a legacy left by a careless physician. I am sorry to say that in that noble profession there are physicians who get into a rut and prescribe narcotics under a host of trifling indications, and to go still further, there is unfortunately a small percentage of medical men who are addicts themselves. Bad associations, a desire to speed up one's working powers, and the ignorance of practically all laymen of what narcotic addiction is, are no doubt the main factors in the appalling increase in this condition. A single drug user in a community should be considered a menace to the whole of it, because of their insane desire to pass the habit on.

One hears a great deal regarding prohibition and its relation to the increase in drug addiction. The opinions on this subject are as numerous as the sands of the seas. I personally think, after a careful study of the situation, that there is very little connection between the use of alcohol and the use of drugs. One thing we are sure of, and that is, that drug addicts are seldom alcoholics, and also that drug addiction has gone on quite irrespective of the existing liquor laws in countries and cities elsewhere. The average age of drug addicts is between 16 and 25—one seldom sees as a confirmed alcoholic one so young. There are very few drug addicts over 40 which seems to be about the proper age for labelling a person an alcoholic.

Our Federal Government will report to you that they now control the legitimate importation of narcotic drugs into Canada. They do, and very capably, too, but they do not control the supplies brought in by drug rings, which supply is many times the amount brought in for legitimate purposes. Drug rings are international, national and municipal. It has been said that Germany is unloading, at great profit, large stocks of narcotic drugs; that Japan is the middle man—although the Japanese as a nation, are not drug users. Whether these facts are correct or not, we do know that large quantities of narcotics are being smuggled into Canada and the United States. Dock workers, porters on trains, sailors, crooked revenue officers and others, all combine to smooth the way. A book could be written of the methods adopted by the smugglers. According to court house officials of Montreal, over \$1,000,000.00 worth of morphine, cocaine, opium and heroin were smuggled into this city last year, and disposed of. Something like \$200,000.00 worth was recovered. One reads in the daily press of frequent raids on hotels, etc., in New York, and as much as \$520,-000.00 worth has been found in one raid. Writing of this matter

one Canadian high in official circles, said lately that "It should be remembered that while Montreal is almost the worst city in Canada in this respect, it is owing to the geographical location. Being a seaport in addition to being a terminus of nearly all Canadian and United States railways, and within 35 miles of the American border with the best of highways connecting it up with the large United States cities, and being the largest city in Canada it is the national rendezvous for these large drug rings and crooks." "Birds of a feather flock together." Members of the underworld from all over the United States and Canada, make Montreal their headquarters for carrying on their illicit drug traffic. One instance in particular stands out in my mind which you will no doubt remember. A Mrs. Bruce and a Miss Wardell, age 21, were found unconscious on the Montreal express near New York city, suffering from overdoses of heroin. The Wardell girl died on the way to the hospital, according to the police. Mrs. Bruce said, "We fell into the hands of a crowd of drug smugglers in New York and Montreal who got us under their control with drugs and used us for their own purposes. We both carried drugs in suitcases between Montreal and Boston, and made much money for the men. Dorothea's man was very rich and used to let her wear his diamonds sometimes." These statements were corroborated by the police for the Wardell girl had been arrested in Syracuse with two suit cases full of drugs and wearing \$35,000.00 worth of diamonds.

One has only to read in a Montreal paper to realize that there are hundreds of small peddlers in this city, and that they do a very thriving business. An ounce of cocaine can be purchased for \$20.00, which is divided into 500 decks and retailed at \$1.00 a deck. Provided the peddler is honest he only makes by this transaction 2,500 per cent. But we would not look for honesty in anybody that would prey thusly on human frailties. The original ounce is generally diluted and mixed with boracic acid, chalk, etc., and instead of a paltry 2,500 per cent., they make 5,000 per cent. When one considers the profit in a business like this, one wonders why judges persist in punishing by a fine. The usual hang outs for these peddlers are in cafes, especially the all night restaurants, night clubs, dance halls, and Montreal has seen fit to provide plenty of these hang outs, in order that one desirous of partaking in this pastime may not be put to too much inconvenience.

One seldom hears of those high up in this business succumbing to the law. They keep well in the background and reap dividends

on their original investment that would make the ordinary banker or financial man's mouth water.

An addict will need from \$3.00 to \$30.00 worth of drugs a day. The mere fact of their addiction makes them irresponsible as wage earners. Men supply their own needs by stealing and women by prostitution. If an addict becomes a nuisance to his particular vendor, and cannot find the necessary funds to purchase his drug with, the peddler promptly plants a deck on him and gets him pinched. It reminds me of the old song, "If you haven't any money you needn't come around." But let a peddler get pinched and you will see many run to his rescue to pay his fine, especially is this true, if he happens to be an addict in addition, for they are mortally afraid that his drug may be cut off, and in order to get even a small shot he will squeal. One would like to feel that this would take place, but from articles that have appeared in the press this summer, the mere fact of being sent to jail does not mean withdrawing the drug. In fairness to the jail officials one should remark that it is also done elsewhere, and it is doubtful if it can be discontinued here under our present system.

A drug addict has little if any idea of right or wrong. Eighty-five per cent. of narcotic prisoners have criminal records. Heroin and cocaine are responsible for many of the violent crimes that take place in Montreal, and one can almost trace the incident of crime and drugs in this city. It has become quite noticeable that after each seizure of any size of drugs by the Federal police, please note that word Federal, that there is a marked increase in crime, hold-ups, burglaries, etc. This is due to the temporary shortage in the supply of drugs and a resulting increase in price.

If crime is the resulting evil of drug addiction in men, so also is prostitution the evil in women. It is only a short trip for a young girl from the most respectable home to a disorderly house. The usual route is as follows: stealing, Chinese cafes, cabarets, negro and Chinese opium joints, and last, but the surest of all, the disorderly house. You may remember that in the past year there have been several cases of deaths at so-called dope parties. The details of those parties were quite the most revolting exposures of the life of a section of our community, that one could dream of. It is not uncommon for parties of 8 to 14 men and women to gather in these disorderly houses and administer drugs to each other until a state of mind is arrived at that makes for degeneracy and immorality that is almost unbelievable.

One recorder stated on October 19th that this practice must

stop. His information was that most of the drug circulates through the medium of disorderly houses, and that he was going to stop it. In the *Star* of October 22nd, it states that disorderly houses have become the special mark of the raiders who have learned that they generally offer to the trafficker the most fertile field for vending drugs, and the recorders have warned disorderly house-keepers that in future they will be arrested if it is found that they have knowingly permitted a drug ghoul to operate on their premises. You could be pardoned if, after these two statements you should burst out laughing, for I can assure you it is well worth a laugh, and until we loose the strangle hold of the prostitute on our populace we can never hope to make any marked progress in staying venereal diseases and drug addictions.

It isn't vice that is so alluring, it is the mystery we make of it, and one does not go far in fighting this traffic until one meets with opposition, treachery, threats and serious menace, because they fear publicity.

I hope I have convinced you that there is a drug menace. If I have, what are we going to do about it? The most obvious thing would appear to be by law, or should I not say, by law enforcement. The Dominion Government has passed a Narcotic Drug Act, which as a Dominion measure, is excellent, and I might add, in the hands of a very capable Health Department at Ottawa. Thanks to some of the clauses of the British North America Act this law is of little practical value in the hands of provincial and municipal officials. It is therefore quite obvious that we should have provincial laws to govern this traffic. Manitoba has passed laws for this purpose. Quebec, I am glad to say, is about to do the same thing, and I feel sure that the authorities will give great care to the drafting of this law because they will appreciate the difficulty in drafting such a law so that it cannot, in some way, be circumvented. Fines are not deterrents, prison preferably accompanied by the lash for all peddlers will undoubtedly help. A unification of police efforts, by that I mean a co-ordination of Federal, provincial and municipal police squads for narcotic purposes. Much can be accomplished by close co-operation between these forces. Fines only tax the trade, and the punishment to be of value should be preventive. One should not show mercy to the beast that will sell drugs illicitly.

Doctors and druggists who sell drugs for illegal purposes should have their licenses to practice revoked, if not for good, for sufficiently long to bear warning to others.

The Federal Government, through the Department of Health,

is able to control the importation of these drugs for legitimate purposes. At the third Assembly of the League of Nations held at Geneva in September, 1922, its commission brought in a report on the traffic in opium and dangerous drugs. Many countries have not yet ratified the opium convention of 1922. The commission observes that "so long as the dangerous drugs are produced in quantities exceeding the legitimate requirements, a great danger exists that the surplus will find its way into illegitimate channels. A control of production, so as to limit to the amount required for medical and legitimate purposes, will therefore be the most effectual way of putting a stop to the illicit traffic." Unfortunately for this plan, I have just heard that in Germany they have discovered methods of manufacturing cocaine from coal tar derivatives. If that is so, heaven help us.

Laws are to be enforced. Some of our so-called criminal lawyers' chief ability and duties seem to be to persuade the crook that he is earning his fee by protesting, cross-questioning, repeating, denying, forbidding, objecting and quoting. He wastes the court's time and money, and often by some legal technicality or quibble, frees the crook. Some day a judge is going to get mad and kill one of these shyster lawyers.

Let us now pass on to the question of dealing with the addict. I have been asked the question of why cure them at all if they nearly all slip back. There are several reasons why.

1. For the safety of the community.
2. For prevention of crime.
3. To save millions spent on drugs.
4. The money lost by thousands who will not work.
5. To impress on the Government who should pay the bills, the amount and necessity of stopping the traffic.

I will not burden you with the technicalities of the cure, but will outline those in use at the present time.

1. *Ambulatory or slow reduction cure.*—The principle of this method is to reduce the strength and amount of a drug, not allowing the patient to suffer, and making the weaning period as long as is necessary. This has practically no chance of success unless the patient is willing or forced to be confined under such conditions that he can be strictly controlled and supervised. In 1920 New York established a clinic for this treatment, and in nine months treated 7,464 addicts without a cure. This clinic became a rendezvous for peddlers who found a ready market for their illicit wares when the so-called minimum dose was arrived at.

2. *The sudden withdrawal method* consists in stopping the drug abruptly altogether from the start. This has been called cruel and dangerous. The suffering, it is true, is acute, and extends over a period of several days. But it is remarkable how they will then pick up, and 30 to 40 pounds increase in weight in a few weeks is not unusual. While undergoing treatment these patients will cheat at every turn. Their skill in concealing drugs is uncanny. I saw one patient this summer who had wrapped around each hairpin drugs in paper, the color of her hair, and by this method was able to deceive us for some time.

At the present time Montreal drug addicts are treated as prisoners, not as diseased people, and as such are sentenced to jail. All authorities are unanimous in agreeing that institutions properly staffed should be provided for the care of these addicts if for no other reason than to incarcerate one whose main desire in life is to bring others to that depth from which there is little hope of resurrection. But what hope have we in Montreal for such institutions when we cannot yet boast of a hospital for tuberculosis, a hospital for incurables, hospitals for venereal disease or homes for convalescents?

So many drug addicts have been sent to jail here that recently a number were sent to Quebec because our jails were full.

Drug addicts can be cured, but we are told that 90 per cent. slip back because we have no follow-up system. As a rule, the first person they meet on their release is a peddler who is always on the watch to grab an old customer, or make a new one. The longer supervision is extended after the habit has been broken, the better the chances are for a lasting cure.

There is no question about it prostitution must be ended, or perhaps I should say, commercialized vice must be ended if we are to make any inroads into the drug traffic, for almost every prostitute uses narcotics and the majority are distributors. Let me read a few newspaper clippings from the Montreal press during the last year. "Another woman trafficker, Rose Valiquette, was sentenced to jail for 12 months for selling cocaine. The woman, a self-confessed vendor, was the victim of a raid on No. 130 Cadieux Street a week ago yesterday." "Trapped by the City Narcotic Squad with marked money in her purse at No. 135 Cadieux Street. Blanche Ouellette, woman drug trafficker, this morning told the recorder that the drugs belonged to her employer, now in Bordeaux jail. Her employer in this case being the pimp who lived off her girls"—or this—"How many times have you been condemned,"

asked the recorder who was told the woman had already admitted keeping a disorderly house, "Oh, I don't recall," said the prisoner,—or this—"Corperal Churchman in giving evidence yesterday afternoon, concluded his story of the arrest of Dr. R. St. Jacques, of 34 St. Andre Street, stated that the doctor had told him he sold the drug to the woman because she kept a disorderly house," or this—"After deliberating 15 minutes a jury in the court of King's Bench, late yesterday afternoon found Elie Lafourte guilty of manslaughter in connection with the death of Paul Rolland, 22 years of age, who died from a dose of morphine, administered in a disorderly house on St. Denis Street on January 18th last." (Read list of houses from card) and the joke of this whole thing is, that these houses are still open, and I can assure you doing well. There are many in this audience who are quite prepared to come forward in all earnestness, or in ignorance and enter into long arguments as to a city's policy regarding commercialized vice. They will say that prostitution has gone on for thousands of years and will continue to do so in spite of all we can do, or they will give one long argument, re toleration, segregation, licensing, and medical examinations. These arguments must be answered.

Tolerance deals with the vice and grows out of negligence and indifference. It results from an attitude of mind which fails to conceive of prostitution as more than the immorality of two willing individuals, and which neglects to take into account prostitution as involving physical and moral ruin to some, and ill-gotten gains to others. It exposes our police department to the inevitable dangers of bribery and corruption by the creation of an illegally privileged class for them to deal with. That a system of toleration exists here is amply borne out by the court records. Prior to the appointment of the last administrative commission it was quite the exception to hear of a disorderly house being raided. The Committee of Sixteen led by the late Dr. Symonds, after the expenditure of some \$25,000.00, presented facts and figures to this Commission, which led them to give orders to clean up this district. Only that commission can relate the many difficulties, some almost impassable, that they met with. However, in the last year of their reign 407 raids were made on disorderly houses, and in 1922 only something under 250 raids were made, not because they were disorderly houses, but because of drugs or liquor. One of the members of the Executive Council was asked to meet the Committee of Sixteen last Spring, and the situation laid plainly before him with a request that he would draw the attention of his colleagues

to the facts as presented to him. He was a most attentive listener, and an equally good promiser. Nothing has been done to date. The policy of the police department is not to make raids unless called upon to do so. I think this clearly demonstrates that toleration is the accepted policy of our civic officials.

Regulation deals with the woman. It is an attempt to mitigate the ends of prostitution while at the same time tolerating its existence. Regulation once operated in Europe with its emphasis on Public Health. Under systems of regulation it has been attempted to confine prostitutes to licensed brothels whose inmates are examined by public officials. I might say that public opinion in Europe has become increasingly hostile to this practice. Where registration of these women existed, it was found that not more than 1 to 8 registered. Medical examination sounds safe and for that reason appeals to the layman. In the first place it is comparatively easy for a reputable physician to examine a man and say that he has, or has not got venereal disease—with women it is a most difficult task, taking much time and care to say that a woman has not got venereal disease. That time and care is never given by officials. Let us say for example that Madam X. submits to a weekly examination and to-day is found free from venereal disease, to-night she has connection with Mr. B. who has venereal disease. She is now in a position to pass it on to all comers on the strength of her medical certificate which she exhibits with much pride. She continues to infect others until her next examination, and as a rule does so for months. We have a form of medical examination here in Montreal. These are medical certificates taken from prostitutes in this city. The story of their medical examination as they told them to me, was laughable. Still worse, is this certificate given by a Montreal medical man on April 10th, to Miss Gaby. It reads that this is to certify that I have examined to-day the Bearer and have found her free from all symptoms of venereal disease. Signed, and from the same doctor to the same girl two days later this bill for \$15.00 for giving one injection of 606, a treatment for syphilis. I wonder if this young woman showed this bill to her customers, as well the imitation bill of health.

You cannot get around this problem by medical examination. For a time all prostitutes gathered in in raids in Montreal had to produce a medical certificate when they came up for trial, but they soon found a way to beat that game. Two physicians in charge of the police department took charge of this task, and they did very fine work. The percentage of women diseased that these examina-

tions showed is appalling. 41 women were arrested for loitering on Windsor Street in the course of two hours one night, 38 of these women were diseased. Statistics show that 95 per cent. of women found in disorderly houses are diseased.

This system of medical examination received one very severe blow at the hands of a woman official who has since been dismissed by the city. In the course of her duties she developed the unfortunate habit of informing many women, before their cases were disposed of in the Court, the result of the medical examination. As a consequence, many women did not appear for their sentence, but sent other women to represent them. It is rumoured that she went direct to many houses and told the keepers in advance the result of these examinations. The keepers were only too pleased to appreciate her services. One keeper of a notorious resort in Cadieux Street the day before Christmas, purchased from her \$1,500.00 worth of kimonas which she presented to the inmates of her house as a Christmas gift. Shortly after this became known to the city authorities she was dismissed. I hope I have buried that old argument of medical examination once and for all.

Segregation deals with the house. It is the policy of attempting to confine houses of prostitution to one or more localities, within which official action will not be taken provided the prescribed regulations are observed. It is the aggregation of debauchery for those addicted to prostitution. If segregation is a good policy for that why not segregate all the saloons in one district for those addicted to liquor?

It only advertises vice and most taxi drivers, cab drivers, and others find it a very convenient policy for their patrons. Segregation has corrupted police forces elsewhere. One incident that comes to my mind shows that Montreal is not entirely free from this corruption. There is a detective employed by the city now, who some time ago kept a car in a garage of this city and was known as its owner. The car actually belonged to the keeper of No. 61 City Hall Avenue. Her initials were on the door of it, and she was registered as the owner of the Automobile Bureau of Quebec. Here, again, is a strange coincidence—this detective was entered in the 'phone book as residing at No. 61 City Hall Avenue. Is it fair that we should favour segregation if by so doing we leave a poor innocent policeman or detective open to these temptations?

There is only one policy that is open to any decent thinking man and that is suppression of commercialized vice. I think we will all admit that what is ordinarily known as sexual immorality is almost

impossible to stop. The policy of permitting commercialized vice in a community has stimulated the illegal sale of liquor, increased crime and debaucheries, fostered sexual perversion and the so-called district is now the home of the drug addicts.

The person who suffers is the girl, not the madame who owns several houses and lives in style and comfort in the residential parts of the city. She drives in her limousine and shops at the best stores. Her general manager is the keeper and that most loathsome of all creatures, the pimp, supplies her with girls, off whom he lives. One seldom hears of the madame or the pimp being punished. It is always the unfortunate girl who is fined. The madame pays the fine and the girl peddles her wares twice as hard to pay it back. When the past administrative commission was making frequent raids it was not an uncommon sight to see 50 or so girls in the courts of a morning. There was always one citizen with PLENTY of money to bail them out. His business is selling cheap jewellery and clothes to the girls in these houses. It matters not whether they need them or not the madame decides they will have them, and at many times their actual value, she of course, getting her commission. If ever the public in this city wake up and stop this business, this poor chap will be in a bad way. Does the madame or the pimp look after these girls when they become so diseased that they are useless to them? Not much, they are then shipped into our hospitals and a new recruit is produced.

Not all these girls are in these houses by choice. Their own share of the profits is too small for that. I cannot help but feel that if a girl is leading an immoral life she should at least not be robbed in every direction and 75 per cent. of her earnings go to a pimp and a madame. I can assure you that the size of these receipts would astound you. This is the card obtained from a girl in a \$3.00 house at 3 a.m. on a Sunday morning. There are 11 girls in this house and she had served 16 men, making her receipts \$48.00 out of which she got \$8.00, or 50 cents per visitor. The Chinaman who did her laundry charged her double the regular price. The ice-man, milkman, etc., all took their toll from the girls through the keeper. When this girl's week was up she was lucky if she didn't owe the madame money. These are not isolated secrets picked out to amaze you. They are all known to our civic officials and can be verified by any of you at any time you care to visit the district. The owners of real estate in the district will be very annoyed at me if as a result of this address good should come of it, for theirs is not such an unhappy lot.

It is not at all unusual for these houses to rent for \$400.00 and \$500.00 a month provided they are used for disorderly houses and \$65.00 and \$75.00 a month if used for three or four poor families. One has only got to make a move to enforce the law and close these places to find how well supplied the district and its parasites, are with money. The Committee of Sixteen has tried, and believe me, we have found out.

It is a fact well known to the police and civic officials, that the red-light district of this city, owing to its segregated and tolerated nature, offers a harbour of refuge for crooks of all descriptions. Listen to one or two headings of press clippings, culled from hundreds that have appeared lately—"Stabbed 18 times yet lives." "Result of fight in disorderly house." "Assaulted, gagged and then robbed in house on City Hall Avenue." "Lured into house, beaten and robbed." Disorderly houses are hangouts and rendezvous for worst kind of criminals.

I have not touched yet on what is to me one of the most serious menaces of all. The appalling amount of venereal disease and its relation to commercialized vice. In the venereal disease clinic last year of the General Hospital alone, there were 31,850 visits made by men and women suffering from Gonorrhoea and Syphilis. By far the greatest percentage of these cases had their origin in disorderly houses. How could it be otherwise when we are told that 95 per cent. of prostitutes in disorderly houses are diseased, in spite of those pretty little certificates I have just shown you. Books have been written by eminent public health authorities in an attempt to bring home to you all the serious problem the world is facing from venereal disease and its results. Crowded asylums, unhappy homes, cripples, poverty, all tend to make this an economic problem that cannot much longer be handled with modesty or indifference. Let me cite one case that came to my attention to bear this out, for while it is a most serious one there are thousands like it. A man came to a city relief officer asking for relief because his rheumatism made him unable to work. He was sent to a hospital for examination, and was found to have syphilis not rheumatism, incidentally he had not contracted this from a seat in a public lavatory. The Social Worker attached to this clinic went to find out conditions of his family. She found first of all that his wife had syphilis contracted from him. There were seven children living. The eldest was blind and deaf. The next two children were both deaf and dumb. The fourth had a syphilitic bone condition, and was a cripple. The fifth was an idiot. The sixth was

mentally defective. The seventh was 12 months' old and gave a positive reaction for syphilis. In addition to this several children had died of syphilis, and there had been several miscarriages. This entire family was dependent on charity.

Our Provincial Government points with pride to its recently established venereal disease clinics. Last year in the neighborhood of \$80,000.00 was spent on treating venereal disease cases in this province, the most of it in Montreal, and this on treating symptoms, but little was spent on removing the cause—the disorderly house. I will tell you frankly that as long as commercialized prostitution is permitted, as it is here, we can never cure them as fast as they are being infected by this pest hole.

The attitude of our courts and the manner in which the laws are administered in this city in connection with commercialized vice, is most annoying and at times amusing.

These cases are brought into the recorder's court which works through two agencies, the police and the recorder's. The police should make the cases, but their policy is to tolerate them and they make cases only when ordered to do so by the administration.

There are two recorders presiding over the recorder's court, and their jurisdiction is two-fold. The original object of having a recorder's court was to bring before it petty cases where the amount did not exceed \$50.00, as well as cases for infraction of the municipal by-laws. But as a result of amendments to the Criminal Code they may now hear cases against disorderly houses. These two recorders could close up the red light district in this city in one month if they would only commit the keepers to jail, as is provided for in the law, but their policy is still one of fining.

Here is the result of a study made of 974 keepers tried in 1921:

- 281 were fined.
- 13 were sentenced to pay costs.
- 27 were discharged.
- 7 sentenced suspended.
- 18 defaulted.
- 28 were sent to prison.

These figures speak for themselves. The keepers who were fined were keepers of the most notorious dens in town.

The Committee of Sixteen realizing that these recorders were taking advantage of the option of a fine in the case of keepers, endeavored to have Federal and Provincial laws passed that would ultimately dispose of the proprietors and keepers of these houses, and with that object in view, the Federal Government adopted a bill

amending Sec. 781 of the Criminal Code. This amendment provides a jail sentence without the option of a fine for:

- (a) A keeper convicted more than twice.
- (b) A keeper convicted from an address with respect to which more than two convictions have been made.

Towards the end of 1920 the civic authorities determined to avail themselves of this amendment in their campaign against disorderly houses, and by the 1st of January, 1921, had obtained against most of the keepers in the red light district three new convictions. Early in 1921, some 9 or 10 cases were made, therefore, under this amendment, and brought before the Recorder's Court. But before a final decision could be obtained, an event occurred that precluded any possibility of their ever being heard. The facts are as follows: One of the most notorious women in this city, Flora Harris, had been sentenced to six month's imprisonment on each of five charges of keeping. Her attorneys immediately attempted to secure her release by way of a writ of certiorari brought before the Superior Court. The point upon which they chiefly relied concerned itself with jurisdiction. Ever since cases of keeping had been made by the police, they had invariably been heard by the Recorder's Court. Naturally, the proceedings in all these cases (i.e., the complaints, warrants, bailbonds, convictions, committals, etc.), showed conclusively that the Recorder's Court had heard and decided them. The Superior Court was now called upon to decide that the Recorder's Court had no jurisdiction in such cases, and that only the Recorders, and the Recorders alone, could take judicial cognizance of them. The certiorari in the Harris case was duly heard, and on February 16, 1921, the presiding judge rendered judgment, dismissing it with costs. The attorneys of Flora Harris now made another attempt to release her, and brought the matter of jurisdiction before the King's Bench by way of a habeaus corpus. Here they were more fortunate, for, during the month of March, 1921, this case was heard, and the presiding judge held that the Recorder's Court had no jurisdiction. Since Flora Harris had been tried by the Recorder's Court, and not by a Recorder sitting as a Recorder, he ordered her immediate discharge.

The results of these judgments were far-reaching. All cases pending against keepers had been lodged before the Recorder's Court, and, consequently, all previous convictions obtained against them became *ipso facto* null and void. In the same manner, and for the same reason, the 9 or 10 cases pending under the recent amendment to the Criminal Code had to be dropped. Moreover, three new

convictions were necessary, convictions made by the Recorders alone, before the new Act could be proceeded with.

Still determined to apply the amendment, the police began a series of raids with the aim of obtaining three proper convictions against keepers in the district. The first raid began on April 8, 1921, and by the end of the summer three new convictions had been registered against each disorderly house. At the beginning of September, 1921, the police began the fourth raid, and by October 7th, 1921, between 30 and 40 keepers had been arrested and charged under the amendment. One case was chosen as a test case, and was heard by both Recorders of the city of Montreal. On December 23rd, 1921, the Recorder gave judgment dismissing this case. Necessarily, all the other cases suffered the same fate. It is a long judgment, and is based on the following objections:

1st.—Substitution of name of accused for general description in information and warrant.

2nd.—Proof of previous conviction against premises.

3rd.—The information as laid is not in agreement with Part 16 of the Criminal Code or alternatively constitutes a new offence which removes it from under Sec. 774 of the Criminal Code.

Is it not unfortunate that such flimsy technicalities can obstruct the administration of laws, and it is also strange that while Montreal finds it is difficult to obtain a jail sentence for keepers, no other city in Canada is put to the same trouble.

Amongst the most guilty parties in this whole business are the proprietors, who, although notified when their houses are being used for purposes of commercialized vice, yet continue to defy the law. The Committee of Sixteen was successful in having passed at the 1920 session of the Provincial Legislature an "Injunction and Abatement Act." This law is directed against owners of property used for prostitution, and gives the courts the right to close them for a period of one year, against any use whatever.

A test case was commenced under this Act in April, 1920, against a notorious resort. On June 23rd, 1920, the interim injunction was granted. The case was heard on December 9th, 1920. The defendant had attacked the constitutionality of the Act, pretending that it was *ultra vires* of the powers of the Legislature. The Attorney-General of Quebec defended the right of the Province to pass such legislation.

On December 22nd, 1920, the presiding judge rendered judgment maintaining the action and the intervention, dismissed the plea and ordered the defendant's house closed for a period of one

year against its use for any purpose whatsoever. From this judgment the defendant entered an appeal to the Court of King's Bench. The appeal was heard in due course, and on December 20th, 1921, the judgment was handed down. This judgment maintained the intervention, but reversed the judgment of the Superior Court on the direct action, on the ground that the ownership of the house in question had not been established, and ordered its return to the lower court for such proof. By this judgment, maintaining an intervention, however, the Court of Appeals had confirmed the judgment of the Superior Court as to the constitutionality of the Act, and against it the defendant has not entered an appeal to the Supreme Court of Canada. Pending the hearing of this appeal, all further proceedings are suspended.

And this is the law that has been used in closing the red light districts in American cities. Montreal has to-day the only recognized red light district in North America. The Committee of Sixteen are not a body of prudes nor hypocrites. They do not pose as keepers of the peoples' morals, but are stimulated by a sense of decency and a desire to make this a more healthy city to live in. I am sorry to say that after four years' strenuous efforts nothing to date has been accomplished to better conditions here.

Public opinion must be aroused before the police can or will clean up a city. This public opinion must be strong enough to break down bribery, corruption, intrigue and intimidation.

Prevention of Tuberculosis in School Age

BY DR. J. H. HOLBROOK, Hamilton.

IN presenting a paper on the prevention of tuberculosis in the pre-school age, I feel that we are coming down to the foundation of the tuberculosis problem. In looking up previous annual reports of the Canadian Association for the Prevention of Tuberculosis, I find that my name has been associated with the problem of tuberculosis in childhood, on two previous occasions. The first occasion was at London in 1911, when I read a paper on "Tuberculosis in Children," and the second was in 1916 at Quebec, when I read a paper on "Reasons Why Open Cases Should be Isolated," in which I tried to show that the main reason for isolating the adult was for the protection of the child.

Since 1916 we have had an opportunity to study the tuberculosis problem still more intensively in its relation to military service, for to date we have cared for one thousand three hundred and thirty six soldiers, and for pension purposes have had to put much more thought into the diagnosis of pulmonary disease than was required in pre-war days. The tuberculosis problem arising from the war has been a demonstration on a vast scale of the principle previously enunciated, but previously none too generally accepted, that adult tuberculosis is in the main a lighting up of a previously acquired infection which may have dated back to childhood and even to very early childhood, for all are agreed that very rarely had a soldier on active service in the great war the opportunity of acquiring a fresh infection. We realize as never before that factors due to military service which led to a lowering of resistance were responsible for a fresh lighting up, or an extension of a more or less thoroughly walled-off previous infection. We also realize that but for these factors which operated to bring about a lowering of resistance, many of these men would have been able to go through life without the lighting up of this disease, while for others military service through lowering of the resistance merely served to hasten the development of more active disease, while it is believable that where the duties of military service were not onerous, the regularity of camp life might have led to a more complete arrest of previous disease.

These are points about which there is at last very little controversy, and their importance lies in the fact that they have so clearly demonstrated the close relationship between adult disease and an infection which dates back sometimes to the school period of the individual and again oft times even to the pre-school period.

The experience of our own Hamilton Association with tuberculosis of children began very early in the history of the Association, for in 1908, when I became Superintendent of the Sanatorium, we had a boy and a girl as patients.

In 1909 the annual convention was held in Hamilton, and a paper was read by Dr. Wm. Chas. White, of Pittsburg, a native of Woodstock, of whom all Canadians are proud. In his address he described the work of the open-air school for tuberculous children at Pittsburg, and as a result of his advice, our Board in the following year erected a special department at the Sanatorium, expressly for tuberculous school children, and included in it an open-air school. I am not sure whether this school or the one established at Weston in the old building, later destroyed by fire, was the first open-air school in Canada, but the interesting thing about this building is the fact that we had no conception at that time of the importance or magnitude of the work for tuberculous school children. The building was planned to accommodate 20 children, but before it was completed more than 20 children were awaiting admission, and the future history of this building has been the addition from year to year of extensions to accommodate more beds, until now we have a building which accommodates 80 beds, but which lacks any definite plan of construction, except that of a badly arranged collection of units. The latest step has been the erection of a separate fireproof administration building containing two school rooms and a spacious dining room and other necessary rooms providing an up-to-date equipment.

I refer especially to this building because it illustrates so graphically our growing conception of the importance of the problem of tuberculosis in childhood.

Our accommodation is provided for children from the city schools, but we shall have taken another step in advance when we are ready to take it for granted that it is time to take up the problem of tuberculosis in the pre-school age. In considering this matter the first requisite is to satisfy ourselves that such a problem exists. As only one bit of evidence on this point, I wish to say that during the past year, Dr. Deadman, the Pathologist at our city hospital, has been sending me copies of all post mortems on patients

in which the finding of the autopsy was pulmonary tuberculosis. I do not know the figures have any definite bearing from the stand-point of percentage, but in four of the last eight autopsies the reports were on children under one year of age, and these had fairly generalized disease, the cause of which could not be definitely established before death. Knowing this, we can be perfectly sure that other cases of infants who died outside the hospital walls of so-called "marasmus" were really cases of tuberculosis, and that as Kellynack, of London, said, many years ago: "Undoubtedly much of the delicacy, invalidism, and so-called minor ailments of children are dependent on or connected with unsuspected, unrecognized or undefined tuberculous disease." My own view as to the relative severity of the symptoms resulting from infection in childhood, is best explained by repeating what I have said previously, namely:

"Now, if we consider the cases of childhood infection with tubercle-bacilli, it is evident that they may be divided into three classes. In the first class the young child receives a gross infection or repeated large infections before immunity is acquired, and succumbs to an acute form of the disease. In the second class the young child may receive a less serious infection and gradually develop a certain small amount of immunity, then to be reinfected, thus gradually having the infection extend though it neither proves fatal nor does the lung completely heal. In the third class, the exposure is of still slighter degree, and the child has time to develop an immunity that is sufficient to take care of a similar infection repeated at comparatively long intervals. Thus the latter case develops sufficient immunity to take care of all ordinary exposures to the disease when adult years are reached, and this would explain why our doctors or nurses or attendants do not contract the disease when so closely exposed to infections.

On this subject of tuberculosis in its relation to the young child nothing better to my mind has been given than Dr. Dobbie's paper read before this Association at its annual meeting in Ottawa in October of 1919. This paper was entitled, "What should be taught to-day about the Prevention of Tuberculosis," and I believe it should be part of the standard literature of this Association, and should be given wide publicity. In it he says:

"1. That a child at birth is free from tuberculosis, even if one or both parents should be tuberculous, either at the time of its conception or at the time of its birth.

"2. That the great majority of adults who have tuberculosis did not contract it in adult life, but were infected at some time in early childhood.

"3. That in children under three years of age the proportion infected is small, not because these infants are less susceptible, but because they are usually less exposed. At this age, however, infection more frequently results in disease, and disease in children under three years is more often fatal than in older children.

"4. That in children over three years the proportion of those infected gradually increases until at fifteen years it reaches about 90 per cent. After three years of age the type of disease is less severe; the period of sickness is usually more prolonged, but deaths are less frequent, although the number of cases is greater.

"These observed facts clearly teach us that the logical method of attack on tuberculosis is to prevent disease, resulting from infection in the young.

"The infant, from the moment of birth until three years of age, must be protected from infection by the tubercle-bacillus. In the home in which there is a tuberculous parent, drastic measures will be required. To compromise is but to invite disaster, with the assurance that the invitation will be accepted."

Undoubtedly the problem of the infant differs greatly from that of the child of the latter pre-school period. The infant is confined to the home and meets few people, but meets those few continuously. It is generally breast fed and the possibility that it may become infected is in very great degree dependent upon the older members in the home. If they are free from tuberculosis it will probably escape infection, but if any of them are open cases of tuberculosis, the infant will probably be repeatedly infected and probably will receive gross infections. Under these circumstances the child cannot yet have acquired an artificial immunity, and so the prospect of recovery is very slight. But, after the child, who has had no contacts in the home, learns to walk and begins to go about, then the possibility of an occasional slight infection arises, and if this can run its course and heal before a second infection is acquired the prospect of the acquirement of immunity sufficient to protect the young child becomes increasingly greater as time goes on. This I believe explains why it is that a child's chance of escaping a fatal disease gradually increases, and we know from long observation that the child that gets past the first five years of life is likely at any rate to go on to adolescence.

Now to make clear my idea of the requisites of prevention, I would first like to discuss briefly the matter of treatment of the child with active tuberculosis in the pre-school period. My conception of the principles of treatment of the adult is that the chief

measure upon which we rely is "Rest," and this the more absolute the better. To be sure, "Rest" is backed up by fresh air and nourishing food, and by other treatment to relieve distressing symptoms. In every case of the adult we depend upon two other things—*character* in the individual that he may have the intelligence and self-control sufficient to co-operate, and *resistance*, an intangible word, based to a slight degree upon an inherited quality, but chiefly upon that quality which is the result of a previous infection. Given these we trust to Nature, believing that she will do her work.

What of these two latter essentials has the child? Truly very little, and even "Rest," the chief measure, is almost impossible of application because of the inability of the child to understand the need of co-operation.

Our experience has led us to believe that the Sanatorium holds out no hope for a very young child that cannot be secured in a well regulated home, and that in either place little is to be gained by attempting to enforce a strict Rest regime, for this will be so irksome to the very young child that any benefit will be more than counterbalanced by its unhappiness due to the enforced restraint.

The only cases of infants or very young children, for whom hospital or sanatorium care is especially indicated are those who are acutely ill, or those who cannot get intelligent care in the home, and in any case the younger the child, the more unfavorable is the outlook. Then, if treatment holds out little encouragement, we are surely driven to measures of prevention as our only reliable hope.

Of the wisdom of adopting measures of prevention, no person can have any doubt, but it is only when we study the mortality curve that we realize that from 20 to 30 per cent. of all deaths of children is due to tuberculosis.

From what has been said, therefore, it must be apparent that the first and most important preventive measure must be the removal of every open case of tuberculosis from a home in which an infant is present. The neglect of this rule will almost invariably lead to very serious consequences, and is so likely to result in the early death of the child that failure to comply with the rule is to all intents and purpose a criminal offence, and should be so considered. Here is one of the greatest stumbling blocks in the anti-tuberculosis campaign to-day, for where the open case is the mother, it is almost impossible to induce her to leave her child. An intensive educational campaign on this point is needed, and the education should include that of the obstetrician or family physician, because it should be through him that the mother can be most easily influenced.

Only a few days ago, we had a young mother die of pulmonary tuberculosis after being with us only two months, she having nursed her infant for six months previously. On no other branch of the medical profession is the responsibility so great of knowing the actual condition of the patient with reference to pulmonary tuberculosis, both for the sake of the mother and of the child, and yet the obstetrician very seldom gives a passing thought to the condition of his patient's chest.

If the open case happens to be the father he should certainly be compelled to leave the home, if the infant remains in it, and if need be the mother should be assisted through the Mothers' Allowance or Pension Fund. But in the interest of humanity there is no excuse for granting a mothers' pension to a mother whose husband is a far advanced case of tuberculosis if he is allowed to remain in the home while any of his children are under five years of age. The purpose of the Mothers' Allowance is to give her children a chance to develop into good citizens, but assistance given where a father so tuberculous that he cannot support his family, remains in the home with young children, is practically going out of the way to prevent them from reaching adult years.

Another possible cause of the infection of young children at the age when they are much upon the floor may very well be the habit of the careless spitting of adults who have purulent sputum. In cities such sputum falling upon the pavement must become attached to boots, and it is quite probable that some of it is carried into the house to contaminate the carpets and floors. We realize the ubiquity of tuberculosis, and it is very frequently referred to as a house disease, but it almost seems to be too old fashioned to-day to urge that anti-spitting laws should be enforced. Surely it would be well worth while to start a new anti-spitting campaign with some such slogan as "Stop careless spitting, for the sake of little children."

On this point it may be well to point out that it is quite possible for a considerable percentage of open cases of tuberculosis to be unaware of the fact that they are infectious or even that they are tuberculosis. It is surprising how many cases among the soldiers have run no temperature, and had very little sputum for long periods of time, and yet had an extensive lesion with impairment of resonance and with moist sounds present after coughing and with X-ray and other evidence of previous active disease. Patients such as these on the occasion of an acute cold or other infection may have an increase of sputum which is then found to be positive for tubercle-bacilli. The only means of protecting against the danger of

cases of this sort will be the periodic examination of the chests of all the people, and even then some open cases would frequently be missed if the examiners did not do their work very thoroughly.

A little over a year ago we had a woman in her sixties die of pulmonary tuberculosis, whose chest showed a lesion of the right upper lung with cavitation and with deviation of the mediastinum to the right and from the general appearance we were of the opinion that her disease dated back very many years. Yet this woman had been the mother of seven children, five of whom predeceased her with tuberculosis. One of her daughters was a far advanced case of tuberculosis at Mountain Sanatorium when I first went there, and we had also treated two of her grandchildren. It is my opinion that this woman through her contact with her own children and grandchildren was probably the source of their trouble, and yet lived to a fairly advanced age.

Of other measures of prevention, one of the most important is that of providing a supply of pure milk. In this respect the present plans of the Federal Government to encourage the eradication of tuberculous cattle is to be most highly commended. While infection of children with bovine tubercle bacilli is of a milder nature, yet it accounts for 10 to 20 per cent. of all cases in children, and it is estimated that 5 per cent. of all deaths from tuberculosis in children under five years is caused by the bovine bacillus. Where milk cannot be secured from cattle that have been tested and found free from tuberculosis, the only safe course is to make sure that the milk is scientifically pasteurized. Such milk can be provided in any home, and if we but had the obstetrician, the pediatrician and the family physician keenly alive to their responsibility from the public health standpoint, they would see to it that the milk was invariably made safe for children.

Back of all this problem it becomes apparent that there is a constant need for education, education of the mothers, the physicians, the public generally, the taxpayers and the legislators. Unfortunately legislators will only go as far as public opinion demands, so education of the public becomes all the most important. But you cannot enforce upon a tuberculous mother or father the protection of their infant if you withhold from them the means with which to provide treatment. Neither can you segregate at the expense of the family any other member of the family who may be an open case if the father cannot afford to pay for treatment. Moreover, when you follow cause and effect back to their origin, you see clearly that the victim of tuberculosis infected in childhood and developing active disease in adult years is not as much to blame for his

disease as are the conditions under which he lives. So surely therefore as it is in the interest of the state to have her children grow up into healthy citizens, just so surely is it to the interest of the State to provide treatment to open cases of tuberculosis who are liable to be a menace to the children of the community.

In Ontario the acceptance of patients for free treatment is up to the conscience of the municipality. In cities where a volume of public opinion can be aroused, the indigent cases receive treatment fairly generally, but in the rural districts the municipality is the township or village, and the township or village will not tax itself to assist until the victim of tuberculosis has had all his self-respect driven out of him and he is ready to accept their so called "charity." It is not charity, but it is a part of the duty and the privilege of citizenship to take treatment for communicable disease.

In Ontario the health of the people of the rural districts rests with a decadent system that is very slowly being replaced by something more effectual, for modern public health organization is too hampered by the boundaries of the smaller municipalities. But just so soon as the health district becomes enlarged to a sufficiently large size to secure efficiency, and so soon as the people can be educated to vote sufficient money to protect themselves against preventable diseases, just so soon will they be in a position to buy a reasonable degree of protection against tuberculous infection, for in its final analysis the prevention of tuberculosis is a financial problem, and not till then can we hope to have any reasonable degree of prevention of tuberculosis in children of the pre-school age. This is the most susceptible period in the life of the individual and adequate measures of prevention applied here would bear rich fruit in citizenship two decades later when these children had become young adults. What is needed most is a quickened sense of responsibility on the part of the doctor, the obstetrician and the pediatrician to prevent disease and a definite effort on their part to educate the public to a realization of the vulnerability of the little child.

In conclusion, I would say that the tuberculosis problem in children of the pre-school age is chiefly a matter of prevention of infections, and especially of gross infections. This means the prevention of infection through food, but chiefly it means the prevention of contact with open cases of adult tuberculosis.

We are therefore back to the point that seems to be the keynote of this convention, namely, the extension of an efficient diagnostic or clinic service to all the people, urban and rural, of our country, and with this the education of the general practitioner and the people.

Sewage Treatment for Isolated Houses and Small Institutions where Municipal Sewage Is Not Available

BY B. EVAN PARRY, M.R.A.I.C., *Supervising Architect.*

"Each is the proper guardian of his own health."—*John Stuart Mill.*

THE late Sir Edwin Chadwick, the eminent sanitarian, did not seek the causes of pestilence in the visitations of an offended Deity, but in the evil fruitage of the transgression of sanitary laws.

In proportion as knowledge spreads among the people, disease and incapacity declines.

During the last two or three generations attention has been increasingly directed in Canada to the problems involved in the suppression or abatement of preventable disease. That attention has not been restricted to professional sanitarians whether the public engineers or medical officers; but has been manifested in greater and greater earnestness by many men and women of cultured mind and public spirit. It would be difficult to exaggerate the value of the results which have already been attained; and it may suffice to mention such legislative enactments as those which relate to the registration and isolation of patients suffering from infectious diseases, the regulations as to child welfare, those for securing the purity of milk and other articles of food, as well as of drinking water, etc.

There is still, however, one source of preventable disease which is as insidious as any other, and which has not yet received the practical attention that it requires. It is the treatment, as perfectly as can be accomplished, of our sewage in rural districts. Having this in mind and the many requests received from time to time from rural districts throughout the Dominion this treatise has been prepared.

The sanitary (cleanly) disposal of human excreta will prevent not only typhoid fever, but also the dysenteries, hookworm, tape-worm, and round worm diseases, much of the diarrhoeas of infant and adult life, and some of the tuberculosis.

If human filth is not properly disposed of it can be carried in various ways with whatever disease germs it may contain to human mouths. It can be carried by washing rains or by surface drainage into water supplies, fruit grounds, and yards of homes where children play; it can be carried, in some instances, for considerable distances by underground seepage into water supplies; it can be scattered about by the feet of persons and by poultry, dogs, cats, rats, and other animals; it can be carried by flies directly to foods for persons; and from time to time it will get on the hands of persons and thence can be carried into water or foods. Wafer contaminated with human filth, if used for washing milk vessels or other food containers, or if used for sprinkling or washing fruits or vegetables, may carry infection to the foods. Oysters and other shellfish, grown or stored in contaminated water, may convey infection. Flies, the nastiest of all insects, crawl over, feed on, and breed in human filth. From collections of filth to which they have had access or in which they have bred they carry matter, with whatever infection it may contain, both within and on the surface of their bodies and smear the filth from their feet and bowels on everything they touch. Fingers very slightly but not noticeably soiled with excreta from a typhoid fever patient or from a typhoid carrier may carry infection directly to human mouths or to food or drink destined for human mouths.

On vegetables, such as lettuce, radishes and celery sprinkled with infected water, typhoid germs may remain alive for many days.

Experimentally, it has been found that butter made from infected cream may retain living typhoid germs for a considerable time.

Warm milk fresh from the cow, before cooling, is a favourable culture medium and conveyor for typhoid germs and it is therefore important to exercise precautions in handling milk so that nothing soiled to the slightest extent with human excreta will get into the milk or into the milk vessels. A finger or fly soiled with infected excreta may introduce into a can of milk at a dairy farm, the seeds of infection for an extensive epidemic of typhoid fever.

It is necessary to the health of everyone that the waste products of the body should be eliminated regularly and promptly. It is but reasonable to suppose that the calls of nature will meet with a more prompt and regular response when the conveniences provided are comfortable and free from disagreeable features than when a draughty, cold, *ill-smelling privy must be used*. For this

reason alone it is to the interest of every community of any considerable size to install a proper sewerage system; and to insist that every house be connected therewith.

Probably no epidemic in this continent's history better illustrates the dire results that may follow one thoughtless act than the outbreak of typhoid fever at Plymouth, Pa., in 1885. In January and February of that year the night discharges of one typhoid fever patient were thrown out upon the snow near his home. These, carried by spring thaws into the public water supply, caused an epidemic running from April to September. In a total population of about 8,000, 1,104 persons were attacked by the disease and 114 died.

Upon thousands of small homesteads there are no privies and excretions are deposited carelessly about the premises.

Upon thousands of other homesteads and railway stations the privy is so filthy and neglected that hired men and visitors seek near-by sheds, fields, and woods.

THEY SHOULD BE ABOLISHED.

Modern sanitation has been recognized as a necessity and insisted upon by law in the villages, towns and cities of the Dominion and is coming to be accepted as a necessary convenience in rural communities. Where it is necessary to have a sewage plant constructed to care for large groups of people, expert assistance should be obtained and advice should not be attempted by persons not familiar with the subject. The expenditure involved on a system which will not operate properly and, incidentally, which will become a nuisance as well as a menace to health is worse than wasted and the saving of the small fee charged by a competent consulting engineer is in no sense justified.

Where soil and area are suited subsurface disposal methods are applicable to populations as large as two hundred persons. However as larger and more continuous and dangerous sewage flows are encountered the wisdom of using high-grade treatment works with stone, sand filters, activated sludge and chlorination, for the biologic redemption of tank effluents becomes more pronounced and the whole matter should be handled by one experienced in the field of sewage treatment.

Sewage is unsightly and contains a large amount of highly putrescible matter which when exposed to the air, rapidly decomposes with the added objection of giving off foul odours. A desire,

therefore, is created to remove it from the range of vision and smell as rapidly and effectively as possible. In addition to this highly putrescible matter, sewage also contains bacteria, microscopical plant growths, which may or which may not be injurious to health. For the most part the germs of disease are found in the waste products, the discharges from the body and in the bodies themselves of men and animals.

It is consequently necessary to treat these wastes in such a way that there can be no danger of the germs getting back into the body again and thus causing disease.

The proper treatment of excreta is of the greatest importance and every effort should be made at all times to see that human excreta is so disposed of as not to be a menace to health. In what way is there danger? Why are we so insistent that special care should be given? The great danger is either on account of the liability to contaminate water supplies or the accessibility of this to faecal material. If the first occurs, epidemics of water-borne diseases, such as typhoid and cholera may take place. If the second occurs there is the danger of this directly conveying the germs of disease from the excreta to the food. How then should excreta be treated?

The general rules regarding the treatment of sewage which should be observed by all can be laid down as follows:—

- (1) Avoidance of creating a nuisance.
- (2) Water supply used for drinking purposes should be protected from contamination.

Generally speaking the first of the above rules is observed throughout the Dominion, although numerous instances of its violation have been observed. In the case of the second rule, unfortunately as much cannot be said and the results of this carelessness, more than through the want of knowledge, is that the one who contributes the sewage does not suffer, but some one else does.

Water is an excellent agency for transportation of all filth thrown on to the surface of the ground or even if buried. Depending upon the porosity of the soil, rain water may carry filth and bacteria to very considerable distances and varying in depth, e.g. in gravelly, chalky soils or in limestone. If the soil be of clay water will be unable to penetrate it—hence wells driven in such soils are, with exceptions to be noted in a further brochure published by the Department of Health, to be regarded as safe from contamination.

But even in light porous soils, contamination by filth may be avoided by taking the proper steps to dispose of sewage or filth, or as in the case of already polluted sources of supply treating the water either chemically or by filtration through sand filters. It becomes, therefore, a very difficult and expensive matter to remove or render harmless the bacteria in a water which has been contaminated by sewage. All we can hope to do, aside from preventing a nuisance, is to reduce the number of bacteria present and discharge the water into a water course or into the ground where it cannot immediately get into a water supply.

Disinfection is the destruction of disease germs. Sterilization is the destruction of all germs, both the harmful and the useful. Antiseptic is the checking and restraining of bacterial growth. Deodorization is the destruction of odor. Unfortunately in practice none of these processes may be complete. The agent may be of inferior quality, may have lost its potency, or may not reach all parts of the mass treated. A disinfectant or germicide is an agent capable of destroying disease germs; an antiseptic is an agent merely capable of arresting bacterial growth, and it may be a dilute disinfectant; a deodorant is an agent that tends to destroy odor, but whose action may consist in absorbing odor or on masking the original odor with another more agreeable one.

(To be continued.)

Department of Public Health, City of Toronto

THE following tables are part of a statistical study of the deaths occurring amongst infants under one year of age, during the four months, June, July, August and September, 1922, in Toronto.

TABLE A.

Cause of Death—

Acute Communicable Diseases	5
Tuberculosis	1
Venereal Diseases	2
Respiratory	19
Intestinal	45
Premature Births	75
Congenital Debility and Malformations	64
Other early infancy	38
Other	23

272

TABLE B.

Ages of Death—

Under 1 week	110
1 week to 1 month	42
1 month to 3 months	23
3 months to 6 months	47
6 months to 12 months	50

272

This shows that the number of children dying under one month is over half the total deaths of the first year.

TABLE C.

Breast feeding—Infants living over one month	102
Breast fed through life	19
Not breast fed or partially breast fed.....	83

Only infants surviving the first month are here considered, as deaths during the first month are seldom due to feeding.

The figures prove again the fact that the breast fed infant has a great advantage over the artificially fed.

Social Background

The Church as a Social Agency

C.—THE CHURCH AS AN EDUCATIONAL AND INSPIRATIONAL FORCE BEHIND SOCIAL MOVEMENTS.

F. N. STAPLEFORD, M.A.

THIS is a function of the church which would be accepted practically without question by all. If the church does not inspire and energize leaders in movements of social betterment in the widest sense it would be a little difficult to know just what the function of the church was. As a matter of fact it is actually doing this work. It would be a conservative estimate to say that in the City of Toronto nine-tenths of those doing welfare work, either in a professional or voluntary capacity, are men and women closely linked up to the church, and as far as can be judged, have been led to this work through the religious motive. While the same percentage would not hold true in other communities it is true that whenever there is a sound religious life, the social effort of that community has a vitality and breadth which otherwise would be lacking. Religion leads to social service in natural and inevitable sequence. Missionary effort is a social movement on a national scale and draws its support, from the social idealism of the church constituency.

But while this acknowledgement is made it does not follow that the churches are doing all that they might do in this regard. Leaving aside the Sunday School and other avenues of social education and inspiration, we shall here think only of the relation of the pulpit thereto. In any discussion of this kind there should be a clear recognition of the tremendous difficulties which surround the work of the preacher at the present time. Any criticism to be worth anything must bear this in mind.

A rather spirited discussion took place recently in Toronto as to whether the preacher should confine his attention purely to theology or also into a discussion on economic questions. It is impossible here to go into that discussion in any detail, and it was a little difficult to know from the newspaper accounts, just what

was meant by the various terms used. No one would deny, however, that the pulpit has a duty in regard to moral issues and how it is possible to discuss a moral issue without straying into the realm of economics, it is difficult to see. They are two aspects of the one set of facts. Practically every economic fact has its moral bearings. A Methodist has been taught to look upon the liquor problem as preeminently a moral question, although the liquor traffic is, from one viewpoint, simply a part of the economic system. Prostitution has its economic as well as its moral side. The high cost of living is very directly an economic question, but it also sets a problem in the moral realm, unless one were willing to adopt the view that the starvation of children had no ethical significance.

Economics has as its field the comparative efficiency of various methods in use for the production and distribution of wealth. Wealth, however, has no significance apart from its contribution to welfare. Wealth is a means to an end and welfare is the end itself. All industrial processes and types of organization are ultimately valuable only as they contribute to this end. If they have dangerous by-products, inimical to human welfare they are to that extent defeating their real purpose. The controlling factor in all this is the human value. And it is here that what is most significant in the moral field, is being worked out. Ethics was becoming a very barren subject—a worked-out mine—until it began to view its theories in the light of the great mass of social facts recently brought forward. Sociology is simply the modern form of the ancient quest of ethics for standards for rightness of action.

It is surely then the preachers' part to discern and interpret the moral issues in the economic movements and problems of the time. A moral code perfectly satisfactory to a past generation cannot possibly be adequate to the needs of a new generation almost stunned by the multiplicity of new problems, each clamoring for ethical interpretation. The question, "Is it right," is much more fundamental than, "Does it pay?" Our preacher then, if this is admitted, will have to concern himself with those matters which are now seen as vital elements in a complex which refuses to dissolve itself into separate departments.

There is a large body of fact easily ascertainable, about conditions of life and labour to-day and the relation between these facts and human welfare may also be established. If the preacher surrenders this great fruitful field and contents himself with the well-worn moral maxims of a past age, he very definitely and completely surrenders his claim to moral leadership.

One of the great dangers of the preacher lies in abstractness. He may believe that it is his duty to simply enunciate the great principles of brotherhood, service and sacrifice and leave to his congregation the application. This is a very common viewpoint, especially among those who occupy the pulpits of the larger churches. This viewpoint is vitiated by two errors. In the first place very few people are able to think abstractly enough to carry over this application. It is simply not made. If the preacher would carry on a Socratic dialogue with some of his laymen, he would find that the ideas contained in his sermons co-exist in their minds very readily with other ideas which are their complete denial, unless the contradiction is clearly pointed out. Then, again, terms of brotherhood and service, have not the slightest meaning unless concretely illustrated. Redness is simply a nothing unless you have seen red things, and the term brotherhood is equally a vacuum unless illustrated by brotherly acts and a brotherly order of social life.

The church gives an over emphasis to the viewpoint of the business man without taking sufficient account of his obvious limitations. There is scarcely any class in the community which more clearly needs education and enlightenment than the average business man. His vision is rigidly limited and he needs not alone the enunciation of abstract principles, (for his whole training has taught him to think concretely), but the definite application of those principles. If this statement is doubted it is strongly recommended that the doubter should read with some care the record of the recent cross-examination of Henry Ford on the witness stand. If the preacher imagines then, that his hearers are taking a set of abstract principles and making those subtle adjustments and applications which are needed, if we are to have a more wholesome social order, that preacher is only deceiving himself. A path has to be blazed through the thickets.

An idealism then, divorced from this content which it may get from its application to modern problems, has no moral dynamic. It is a cloud land, whose unreal beauty mocks the modern seeker after the city of God. It is as if one were on a lake looking about in the moonlight on a mist shrouded landscape. There is a weird and almost unearthly beauty about it all, but no sharpness of outline, nothing upon which one can measure distance. As some one has said, "A new generation cannot be fed by the sweet old idealism which like old jam is covered with mold." If this nebulous type of teaching, this unconscious kind of Christian Science, were squeezed out and something definite, tangible and concrete were

substituted there would be fewer of that type of sermon which reminds one of the story of the creation, "without form and void and darkness covered the face of the deep."

If the churches of Canada had adopted this viewpoint in regard to the Prohibition issue what would have been the result? If it has contented itself with enunciating the general principle of temperance and self-restraint, leaving it to the consciences of the hearers to interpret does any sane man believe that the wonderful progress which has come about, would have been possible. Prohibition has become a practical issue because the church got directly into the dust and heat of the fray and spoke its mind with great explicitness. If this problem were treated in that elevated detached way in which some preachers wish to treat other social problems, the saloons would still be open throughout Canada and there would be no present hope of closing them up. The abstract method is prompted by the wish to attain the desired goal without hurting anyone's feelings, a new method of trying to make an omelet without breaking any egg. The difficulties in this attempt are sufficiently obvious.

A new sense of sin is needed and the consciousness of sin awakened in regard to matters which now to many men have no ethical contents. There are men who would regard it as a sin to play cards or go to a theatre, but who do not think of making any moral judgments in regard to industrial factors which have a thousand times more influence upon human welfare.

"The Russians tell a story of a robber who killed a peasant on the open road and went home quite contentedly counting the money of his victim. But in the bag of the dead, he found a piece of smoked beef and ate it and after that his conscience ached terribly because you see, it was Lent." (Quoted in an article appearing in a recent issue of *The Nation*.)

The preacher then must avoid the lure of the abstract term. He must speak concretely. It is no part of his duty to adopt some sweeping generalization or social theory, such as single tax or socialism and then proceed to cram this down his hearers' throats, in season and out of season. It is necessary, however, to have a certain knowledge of social fact, and of the effects upon human life, so that when he uses the great moral terms of Christianity he will be able to so illustrate them from modern life that they will become watch cries of a new era.

Illustrations from literature and history have their place but

cannot expect a tenth of the power of an illustration which is charged with some part of the rich life of to-day.

The need is for men whose eyes are quick to see those numberless ways in which brotherhood is exemplifying itself. Denunciation of wrong is necessary, but there is a larger place for the type of preaching, which is full of illustrations of how the spirit of God in the modern man is exemplifying itself, in a thousand new experiments in social welfare and brotherhood. The Christian message is an essential optimism, but pessimism is better than a shallow optimism, founded rather on a personal sense of well-being than on a well-considered knowledge of the conditions and tendencies of present life.

The process of adaptation is going forward. To use a rather cant phrase the church is rapidly becoming socialized. As the report on "The Church and Reconstruction" puts it, (issued by the Federal Council of the Churches of Christ in America). "The church itself has undergone, within the last decade, and especially during the war, an enlargement of scope which amounts to a transformation. The churches to-day recognize, as they did not a generation ago, that the Kingdom of God is as comprehensive as human life, with all of its interests and needs, and that they share in a common responsibility for a Christian world order. They are convinced that the world is the subject of redemption; that the ethical principles of the Gospels are to be applied to industry and to the relations of nations; that the church is to devote itself henceforth assiduously to these purposes along with the individual ministries of religion."

The man who says the world is getting worse is talking nonsense. Tremendous strides are being made in every respect of human progress. But the essence of the situation lies, not in these achievements, but in the new paths being opened up, making possible, hitherto undreamed of advances in the future. It is not a restful age, but it certainly is a mentally exhilarating age in which to live, and that preacher must indeed be alert and wide-visioned who hopes to-day to don the prophetic mantle. Ministers in Canada are second to none in devotion and adaptability to new conditions. It is a confident prediction therefore, that they will make a worthy contribution to this new world which is unfolding.

News Notes

A typhoid epidemic has broken out in Alliston, Ontario, and surrounding district. The first case was reported early in December and since then twenty cases have been reported, with one death. Officials of the Provincial Board of Health immediately made an investigation as to the source of the trouble, and the water and milk supply was inquired into. An examination was made of all persons employed at the dairy farms supplying milk to the town, but no patients or carriers were found. The water supply was examined, and the wells and reservoir showed no contamination. It was, however, found that the tap water in the houses contained colon bacilli in amounts ordinarily considered dangerous to health. Further investigation is being carried on to try and definitely locate the sources of the contamination. Meanwhile an emergency apparatus for chlorinating the water has been installed and the townspeople are warned to boil all water for drinking purposes.

Dr. J. W. S. McCullough, Chief Officer of Health for Ontario, and Mr. F. A. Dallyn, C.E., Provincial Sanitary Engineer for the Ontario Provincial Board of Health, attended the Conference in Washington, D.C., during the week of January 1st, to consider means for the efficient inspection of water supply on boats and trains.

Through the initiative of the Canadian Tuberculosis Association and the co-operation of the Canadian Red Cross Society, a Health Survey will be held in some section of the Province of Ontario during the present year. The district has not yet been decided on, but it will probably be in the neighborhood of Hamilton. The Provincial Board of Health and the Ontario Department of Education will co-operate in this survey.

Dr. R. W. Bell, of the Ontario Provincial Board of Health, has been ill for the past two or three weeks and is still confined to his bed.

The Provinces of British Columbia and Ontario have formed the necessary committees to proceed with the survey of children of pre-school and school age, in a limited area in each of the Provinces, and to establish the incidence of tuberculosis. The Hon. Dr. Young is president, and Professor Mullin secretary of the British Columbia Committee, and Dr. Jabez Elliott is president, and Dr. Roy McClennahan is secretary of the Ontario Committee. Similar arrangements are under way in the Provinces of Quebec, Nova Scotia and New Brunswick.

The Canadian Tuberculosis Association is paying to each Provincial Committee \$1,000.00 of the money it received this year from the Canadian Red Cross Society. The Provincial Red Cross of Ontario is contributing \$2,500.00 to the Ontario Committee, and similar co-operation is anticipated from the Provincial Red Cross Societies of British Columbia and Nova Scotia. The additional monies and personnel required for completing the undertaking are to be found in each Province by the respective Provincial Survey Committee.

A Social Hygiene Council has recently been formed in St. Catharines, Ontario, embracing the County of Lincoln. Such action followed addresses by Mrs. Pankhurst and Dr. Gordon Bates on behalf of the Canadian Social Hygiene Council. The successful organization of this new Social Hygiene Council has been largely made possible by the energy and enthusiasm of Dr. D. V. Currey, the very capable Medical Officer of Health of St. Catharines.

The Secretary of the Canadian Tuberculosis Association attended the annual meeting of the Hamilton Health Association January 16th, and addressed meetings in Chatham and Brantford the two following days.

Mrs. Pankhurst, Dr. Gordon Bates and Dr. J. J. Heagerty have proceeded to New Brunswick to address meetings on behalf of the Canadian Social Hygiene Council. Public meetings have already been arranged for Moncton, Bathurst, Campbelltown, Edmundston, Woodstock, St. Stephen, Fredericton, Chatham, Sackville, Sussex, McAdam and St. John.

It is desired to bespeak the co-operation and assistance of every one in filling out the questionnaires, recently circulated, to gather the necessary information to compile the new directory of Canadian agencies for the diagnosis and treatment of Tuberculosis. Any suggestions or information contributed will be very gratefully appreciated by the office of the Canadian Tuberculosis Association, Bank Street Chambers, Ottawa, Ontario.

Owing to the necessity of including Dr. Haywood's address to the Canadian Club, Montreal, the second part of Mrs. Kensit's report to the Social Hygiene Council has been held over until the February number.

Criticism of the City Council for its attitude towards the charges made by Dr. A. K. Haywood concerning commercialized vice was apparent in a resolution passed by some four hundred members of the Federation of Women's Clubs of Montreal at a meeting held in the Mount Royal Hotel. The resolution, which is to be submitted to the City Council, read:

"Whereas the Council of the City of Montreal is charged with the preservation of law, order and health in the municipality, the effective performance of which duties is of vital and primary importance to the welfare of the whole community; and whereas the annual reports of the Committee of Sixteen have continually shown that commercialized vice, particularly in the maintenance of houses of prostitution and the recognition of a Red Light District, exists; also that the authorities have failed to suppress or even diminish this evil, the existence of which is so terrible a curse to the community; all of which is so forcibly exposed in the address given by Dr. Haywood before the Canadian Club.

"Be it resolved, that while the Federation of Women's Clubs refrains from any indictment as to connivance in violation of the law, or laxity in the discharge or punishment of offenders, it does appear that the question is apathetically regarded and does not receive the active and earnest consideration by the Council that its gravity demands, in view of the terrible menace its existence is to the well-being of the people. This Federation of Women's Clubs would, therefore, most earnestly urge upon your honourable body to thoroughly investigate the whole situation for the purpose of taking such measures as shall lead to the suppression of public prostitution."



The Provincial Board of Health of Ontario

COMMUNICABLE DISEASES REPORTED FOR THE PROVINCE FOR THE MONTH OF DECEMBER, 1922.

COMPARATIVE TABLE.

	1922		1921	
	Cases.	Deaths.	Cases.	Deaths.
Small-pox	51	1	128	0
Scarlet Fever	449	14	600	16
Diphtheria	315	40	743	60
Measles	359	1	94	2
Whooping Cough	234	8	95	9
Typhoid	54	17	28	5
Tuberculosis	196	122	174	139
Infantile Paralysis	4	1	1	0
Cerebro-Spinal Meningitis.	6	6	5	3
Influenzal Pneumonia	.....	18	.....	4
Primary Pneumonia	.....	282	.....	215
Syphilis	133	.....	183	.....
Gonorrhoea	179	.....	230	.....
Chancroid	3	.....	5	.....

The outstanding feature of communicable diseases reported for the Province for the month of December is the marked decrease in small-pox, scarlet fever, and diphtheria compared with December, 1921.

The reduction in small-pox cases is 77, scarlet fever cases 151, and in diphtheria 428 cases. On the other hand, the returns made of measles, whooping cough and typhoid show these diseases to be more prevalent than in the corresponding month of 1921, as may be seen in the comparative table.

CASES AND DEATHS OF COMMUNICABLE DISEASES RE-
PORTED BY LOCAL BOARDS OF HEALTH FOR
THE YEAR 1922.

COMPARATIVE TABLE.

	1922		1921	
	Cases.	Deaths.	Cases.	Deaths.
Small-pox	977	3	8,787	18
Scarlet Fever	3,950	111	4,564	126
Diphtheria	3,529	341	6,318	525
Measles	8,950	40	2,851	40
Whooping Cough	1,691	90	2,357	131
Typhoid	567	127	725	184
*Tuberculosis	2,078	1,442	2,286	1,500
Infantile Paralysis	205	25	81	20
Cerebro-Spinal Meningitis.	71	64	79	66
Influenza Pneumonia	—	375	—	159
Primary Pneumonia	—	2,559	—	2,325
Syphilis	2,136	—	2,477	—
Gonorrhoea	2,270	—	2,554	—
Chancroid	39	—	61	—

*Only 75% of deaths reported.

Current Literature Dealing with Venereal Diseases

These Abstracts are Available Through the Courtesy of the American Social Hygiene Association.

Treatment of Syphilis Among the Insane... By Thomas B. Christian.
The American Journal of the Medical Sciences... Vol. clxiv,
No. 4, October, 1922.

Dr. Christian gives a thorough review of the method of treatment of syphilis among the insane at the State Hospital at Morris Plains, New Jersey, citing a number of cases. Although many cases coming to this hospital are recognized too late for curative treatment, they are treated to check onward progress of the disease. He believes that if more examinations of the spinal fluid were made in general hospitals and private practice, many cases would probably never reach institutions for the insane. (With this thought should go the importance of intensive treatment of early cases of infection.—Editor.) The activity of a syphilitic process in the central nervous system is shown earlier, more accurately, and a number of times only by pathological changes in the spinal fluid, and the activity of syphilis of the nervous system is indicated by the globulin test, cell count, Wassermann and colloidal gold reactions, long before mental symptoms or physical signs are present. Spinal fluid examinations would discover many slow progressing cases of neurosyphilis, and should be used more frequently.

In summarizing, the author says in part:

Our results obtained from treating the syphilitic insane have more than compensated for the time and expense, and it is our plan to continue treatments.

It is a matter of individual opinion whether cases of general paralysis confined in institutions for the insane should or should not be treated. We have found no results obtained in such cases.

Every case in or out of an institution should have a spinal fluid examination if the blood is positive.

Among 1,500 cases examined for syphilis 12.5 per cent. showed positive Wassermanns, and from this number of positive cases 26.2 per cent. showed signs of neurosyphilis; 17.6 per cent. being cases of general paralysis, and 8.6 per cent. other forms of neurosyphilis.

It is to be remembered that the above examinations shows the results from latent syphilis, as no case recorded in the above shows clinical signs of syphilis excepting the cases of paresis, and they, of course, belong in the tertiary stage as neurosyphilis.

In conclusion, I wish to emphasize the tremendous importance of the early discovery and proper treatment of syphilis and the examination of the spinal fluids, and thus to lessen the number of incurable latent syphilitics and neurosyphilitics.

The Relation of Syphilis to Diagnosis and Surgery. By Albert M. Crance. *New York State Journal of Medicine.* Vol. 22, No. 8. August, 1922.

There are three important factors in the diagnosis of syphilis, a carefully taken history, the physical findings, and the blood, spinal fluid, Wassermann, or both. The Wassermann test is taken by the author to include provocative tests also. In the physical examination the physician should watch for the following conditions: areas of alopecia; a slight external strabismus; ptosis of the upper lid; the reaction of the pupils to light; whitish contracted areas in the throat or scars of previous mucous patches; the teeth, especially in congenital syphilis. In the chest, if a heart lesion is found, the blood pressure on either side should be compared. A variation of 20 m.m. or more of mercury, in the two arms, is suggestive of aortic aneurysm. The roentgenologist's findings can verify such a condition. The abdominal examination reveals little except the enlargement of the liver, which is often due to syphilis. If the patellar reflexes are at all diminished or absent, they should be studied further. The skin should be observed for lesions or scars. A very obscure yet important sign is the enlargement of the epitrochlear glands. Roughening of the tibia, although suggestive, is present in so many normal individuals, that it seems better to disregard it.

Many cases of obscure syphilis present no external signs. All chronic cases presenting abdominal symptoms such as those referable to the stomach, duodenum, gall bladder, appendix, etc., should be thoroughly studied and Wassermann tests taken before medical or surgical treatment is suggested. It has been demonstrated after autopsy that spirocheta pallida are present in such tissues as the heart muscle, the aorta, the liver, and in certain ulcers of the stomach.

The author cites six illustrative cases of obscure syphilis.

The causes of arthritis, says Thomas McCrae Magee, Professor of Practice of Medicine at Jefferson Medical College, Philadelphia,

in an address before the Kings County Medical Society, can be divided into two great groups: the metabolic and the infectious. The metabolic arthritides are not common, and we have such underlying conditions as serum reactions (anaphylaxis), hemophilia, and the so-called Charcot joint (a metabolic disturbance of syphilitic (?) origin). The cases of arthritis most commonly met with are those caused by infection, and we find cases of acute joint involvement frequently in scarlet fever, pneumonia, tonsilitis, gonorrhoea and other diseases. Gonorrhoeal arthritis is a very common joint infection, and contrary to popular teaching it is never non-articular at the onset. The speaker stressed the point of single joint involvement in gonorrhoeal arthritis and indicated that a careful history will almost always show the fact that in the beginning more than a single joint was involved. When cases are seen, however, by the medical man, they are usually acute or subacute, and the infection has usually attacked one joint more severely than the others, and due to the localization of the infection in one joint, the slight involvement of others is overlooked. This, no doubt, accounts for the popular fallacy being taught to medical students, and used by physicians as a point in differential diagnosis. The correct diagnosis of affections involving joints depends upon a well-taken anamnesis, and a systematic correlation of etiological, symptomatological, anatomical and pathological findings. The chronic joint condition falls into the hands of the surgeon, the acute is seen by the general practitioner.

The speaker impressed upon his audience the advisability of dropping the use of the term "rheumatism." To one physician rheumatism means acute articular rheumatism, to another, acute rheumatic fever, and to a third, any ache or pain found in any part of the body.

Notes on Current Literature

From the Health Information Service, Canadian Red Cross Society:

Ventilation.

The January number of the *Journal of the Outdoor Life* contains a symposium on ventilation, including the following articles:

- (a) Air from the Standpoint of Physiology.
- (b) Atmospheric Conditions and Respiratory Disease.
- (c) Heat Loss from the Human Body.
- (d) The Ventilation of the School room.

Symposium on Dental Hygiene.

The *Journal of State Medicine* for November, 1922, contains the following articles on dental hygiene:

- (a) The Building of Good Teeth.
- (b) The Prevention of Dental Caries and Oral Sepsis.
- (c) The Causes and Effects of Irregular Teeth.

Maternal Mortality.

Effective Methods of Reducing Maternal Mortality. By Dr. R. A. Bolt, American Child Hygiene Association. *Health News*, November, 1922, page 247.

Maternity Clinics.

The organization and function of a maternity clinic as described by Dr. G. E. Oates in a lecture delivered at the Royal Institute of Public Health. *Maternity and Child Welfare*, Dec., 1922, p. 379.

Industrial Welfare.

A description of the measures to safeguard the health of adolescent workers at Cadbury Bros. plant in Bournville, England. *The Child*, Dec., 1922, p. 71

Hospital Social Service.

Recent developments in hospital social service. By N. Florence Cummings, R.N., Managing Editor, Hospital Social Service, New York. *The Public Health Nurse*, Dec., 1922, p. 643.

Infant Feeding and Infant Mortality.

The relation of breast and artificial feeding and infant mortality. By Dr. R. N. Woodbury, of the U. S. Children's Bureau. *The American Journal of Hygiene*, Nov., 1922, p. 668.

Nutrition Classes for Children.

A year's experience of nutrition classes in Detroit shows a minor influence on weight of school children, but a marked improvement in their health and dietary habits. *City Health*, Nov., 1922, p. 3.

Rural Child Welfare.

Bulletin No. 107, issued by the U. S. Children's Bureau on county organization for child care and protection.

The Growth of Children.

A study of the growth of different types of children with special reference to height, weight and breathing capacity. By Dr. B. T. Baldwin, of the University of Iowa. *Journal of the Outdoor Life*, Dec., 1922, p. 405.

Health Work in Schools.

An address by Dr. W. A. Howe, State Medical Inspector of Schools, Albany. *The Nationa's Health*, Nov., 1922, p. 697.

The Cause of Tuberculosis.

The cause of tuberculosis in its modern aspects. By Dr. E. R. Baldwin, of the Trudeau Foundation, Saranac Lake, N.Y. *New York Tuberculosis Association Bulletin*, Nov.-Dec., 1922, p. 1.

The Prevention of Infection.

A popular description of the way infection spreads and the best methods of prevention. *The Health Builder*, Jan., 1923, p. 207.

Editorial

Vice in Montreal

Dr. Haywood's address to the Montreal Canadian Club on "Vice and Drugs in Montreal," included in the present issue, is a document which will repay the perusal of every Canadian who cares for the welfare of his country. Country really should mean and does mean in the minds of right thinking people not the trees and the stones and the rivers, but the human beings who are given life that they may achieve the mental and physical ideals that nature intended. One would gather from Dr. Haywood's address that men and women have sunk to the lowest depths of degradation and disease, not in hundreds, but in thousands, that they may fill the purses of ruffianly exploiters and gratify the self-satisfied opinion of smug stand-patters who have preached toleration and segregation in spite of the fact that such a policy has spelled not only the destruction of virtue, but loathsome infection and death for thousands.

The main facts in reference to organized vice as outlined in Dr. Haywood's courageous statement have been known for years to many, in all parts of the country. Patriotic citizens have struggled to bring the facts to public attention, but in spite of everything an obstinate and influential few have persisted in concealing the situation from the public and blocking any action which tended to right a condition of affairs which has been a disgrace to the whole country.

The campaign against Venereal Diseases conducted in Montreal and other parts of Quebec has been waged very efficiently by a capable director—a fact which can be verified by the statistical records in the hospitals of the Province. The hands of the authorities have been tied, however, and will continue to be tied until the vice situation has been dealt with. Dr. Haywood is to be congratulated on his action. It looks as though it would bring results.

